



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800003

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLUB ITALIANO GUGLIELMO MARCONI

DOING BUSINESS AS MARCONI CLUB

ADDRESS 7 Commonwealth Ave

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02561

MANAGER: ROVATTI,  
ARCHIE B. JR.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, 4 ROOMS AND CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800007

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FREEDOM CITY, INC.

DOING BUSINESS AS LOST DOG CANAL CAFE

ADDRESS 71 CRANBERRY HGHY SAGAMORE

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02561

MANAGER: SHEA, KEVIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH PUB. . KITCHEN WITH ONE ENTRANCE ON THE WEST SIDE AND  
A SERVICE ENTRANCE ON THE NORTH SIDE

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800009

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OTIS FISH & GAME CLUB INC.

DOING BUSINESS AS

ADDRESS OTIS AIR NATIONAL GUARD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02542

MANAGER: VELOZA,  
MICHAEL J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR BLDG WITH KITCHEN, BAR AREA, FUNCTION ROOM, STORE ROOM AND REST ROOMS. ONE ENTRANCE AND EXIT

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800011

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE POCASSET GOLF CLUB, INC.

DOING BUSINESS AS

ADDRESS CLUB HOUSE DRIVE

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02559

MANAGER: WRIGHT,  
CHARLES F.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ONE FLOOR AND basement. Basement- recreation room, lower lobby, elevator, machine room, 9 storage rooms, mens and ladies locker rooms, mens and ladies showers and restrooms, staff locker area and restrooms, mechanical and electrical room. First floor-grill room, function room, kitchen restrooms, office, lobby, 2 decks, patio, elevator, coat and storage rooms. 1st flr- 7 entrances, basement-3 entrances

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800012

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUZZARDS BAY AERIE #3741, FRAT. OR OF EAGLES, INC.

DOING BUSINESS AS BUZZARDS BAY EAGLES

ADDRESS 39 COHASSET AVE

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: GILBERT,  
MATTHEW

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FIVE ROOMS AND CELLAR

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800015

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MONUMENT BEACH SPORTSMAN'S CLUB INC.

DOING BUSINESS AS

ADDRESS DUMP ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: NICHOL, DAVID  
REX

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL, TWO RESTROOMS, AND OFFICE.  
LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH  
FLOORS HAVE 2 EXITS EACH.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800022

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHALEBACK RESTAURANT, INC.

DOING BUSINESS AS WHALEBACK RESTAURANT

ADDRESS 1052 SANDWICH ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02561

MANAGER: LACEY, ROBERT L. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH THREE ROOMS, MEN'S & LADIES RESTROOMS BASEMENT AND ATTIC FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800024

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEO'S SEAFOOD RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 249 MAIN ST.

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: CUBELLIS,  
ANTHONY M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, DINING ROOM WITH BAR, KITCHEN, RESTROOMS, FULL CELLAR USED FOR STORAGE. ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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DATE:





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800025

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEZZA LUNA RESTAURANT INC.

DOING BUSINESS AS

ADDRESS 253 MAIN ST.

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: CUBEELLIS, ROSE TYPE OF LICENSE: Restaurant  
MARY

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 DINING ROOMS, A 25X12 PATIO (SEASONAL) SEASONAL ONE BAR W/LOUNGE AREA, 2  
EMPLOYEE RESTROOMS, MEN'S AND LADIES RESTROOMS, ONE NETRANCE WITH  
WAITING LOUNGE, ONE BACK ENTRANCE WITH CORRIDOR, ONE STORAGE CLOSET, TWO  
OFFICES IN KITCHEN, TWO OFFICES IN BASEMENT, STORAGE AREA IN BASEMENT,  
WALK IN COOLER IN KITCHEN ONE COOLER & ONE FREEZER IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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LOCAL LICENSING AUTHORITY

By:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800026

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UPLAND BUZZARDS INC.

DOING BUSINESS AS PORT O CALL

ADDRESS 057-59 MAIN STREET

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: HARUNK, STEVEN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM WITH BAR, MENS & LADIES RESTROOMS, STORAGE AREA, 2 ENTRANCES  
AND EXITS

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800033

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APTUCXET POST #5988 V.F.W. BLDG. ASSOC. INC.

DOING BUSINESS AS APTUCXET POST #5988

ADDRESS 180 SHORE ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: SILVIA SR.,  
WARREN F.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR: KITCHEN, BAR, DINING AREA, RESTROOMS, PANTRY, OUTSIDE DECK, 2  
STORAGE AREAS, 3 ENTRANCES AND EXITS. 2ND FLR: 4 OFFICES, 2 STORAGE AREAS, 1  
ENT/EXIT. LOWER LEVEL: 2 DINING AREAS WITH BAR, 3 STORAGE AREAS, 2  
RESTROOMS, 3 ENTRANCES AND EXITS

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800036

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRADING POST LOUNGE INC.

DOING BUSINESS AS

ADDRESS 12 TROWBRIDGE ST.

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: FOX, KRISTINE M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR-3 DINING ROOMS AND LOUNGE AREA, KITCHEN AND 3 RESTROOMS; 2ND FLR-3 ROOMS AND ATTIC SPACE USED FOR APARTMENT AND STORAGE SPACE. CELLAR USED FOR STORAGE SPACE OUTSIDE DECK, FOUR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800037

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEARY TRAVELERS CLUB, INC.

DOING BUSINESS AS

ADDRESS VALLEY BARS ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: JONES, KENDALL TYPE OF LICENSE: Club  
G.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; DINING ROOM, BAR, FUNCTION ROOM 2  
RESTROOMS BASEMENT; 2 REST ROOMS,  
KITCHEN, BAR, STORAGE AREAS, MEETING ROOM, OFFICE, 7 ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800038

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PORTSIDE LIQUORS, Inc

DOING BUSINESS A Portside Liquors

ADDRESS 590A-B MAC ARTHUR BLVD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02559

MANAGER: METRI, ZEINA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNITS A & B, 4,010 SQ. FT. RETAIL SALES AREA WITH A 14' DOOR COOLER OCCUPYING 900 SQ. FT., 4 REST ROOMS, RETAIL SALES AREA, 2 REAR 2 FRONT ENTERANCES/ EXITS.  
...ADDITIONAL 1280 SQ FT FOR RETAIL SALES..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800039

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARLOWS LIQUOR CORP.

DOING BUSINESS AS SEA SIDE WINE AND SPIRIT

ADDRESS 4 BARLOW'S LANDING RD.

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02559

MANAGER: PATEL, PARESH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT 1, BLDG 2 CONTAINING 5000 SQ FT LOCATED IN POCASSET VILLAGE MARKET PLACE, 3 ENTRANCES, STORAGE AREA, WALK IN COOLER, OFFICE, RESTROOMS AND SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800040

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORMAN B. WHITE, JR., INC.

DOING BUSINESS A LIQUOR BARN

ADDRESS 150 MAIN STREET

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: MALOUIN,  
PHILLIP JOSEPH  
III

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES AREA, OFFICE, STORAGE & RESTROOMS, ENTRANCE AND EXIT IN FRONT OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800041

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEECY, INC

DOING BUSINESS A BOURNE BRIDGE LIQUORS

ADDRESS 310 MAIN STREET, BUZZARDS BAY

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: BEECY, DOUGLAS TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS CELLAR FOR STORAGE, ONE ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800042

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARADIGM,INC.

DOING BUSINESS AS YE OLDE SPIRIT SHOPPE

ADDRESS 41 MEETINGHOUSE LANE

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02562

MANAGER: SHAFIQUE,MOHA TYPE OF LICENSE: Package Store  
MMAD

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM RETAIL SALES AREA, RESTROOMS, STORAGE ROOM AND ONE FRONT AND  
ONE REAR ENTRANCE,EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800043

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SADIQ CORPORATION

DOING BUSINESS AS ONE STOP CONVENIENCE STORE & LIQUOR

ADDRESS 227 RTE. 6A, SAGAMORE

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02561

MANAGER: FAROQ, SHAKEEL TYPE OF LICENSE: Package Store  
MOHAMMED

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION OF FIRST FLOOR OF BUILDING, SALES AREA, GROCERY STORE WITH A LIQUOR  
SALES AREA; STORAGE AND COOLER AREA, EXIT IN REAR, RECEIVING DOOR ON SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800045

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOURNE LIQUORS INC.

DOING BUSINESS AS LUKE'S LIQUOR N MORE

ADDRESS 170 CLAY POND ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02553

MANAGER: PATTERSON,  
MICHAEL J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4850 SQ FT UNITS, 6 ROOMS, ONE SALES AREA, TWO RESTROOMS. ONE STORAGE AREA  
10X16, WALK IN COOLER, ONE OFFICE, ONE MAIN ENTRANCE AND EXIT DOOR AND A  
REAR DOOR FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800046

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RYMCO, INC.

DOING BUSINESS AS LIBERTY WAREHOUSE LIQUORS

ADDRESS 21 ST. MARGARET'S ST.

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: RYMSHA,  
RICHARD C.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION OF THE BUILDING WITH ONE SALES ROOM, ONE STOCK ROOM AND OFFICE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800055

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACK MARKET, INC.

DOING BUSINESS AS GREY GABLES MARKET

ADDRESS 183 SHORE ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: HALLAM, MICHAEL TYPE OF LICENSE: Package Store  
L

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3800 SQ FT SINGLE STORY CONVENIENCE STORE WITH DELI BAKERY AND RETAIL  
SALES AREA, ONE FRONT ENTRANCE AND EXIT, TWO REAR DELIVERY DOORS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800057

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILLERCO CORPORATION

DOING BUSINESS AS COURTYARD RESTAURANT

ADDRESS 1337 COUNTY RD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02534

MANAGER: PERINI-MILLER, TYPE OF LICENSE: Restaurant  
PAULA

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE, 2 DINING ROOMS, KITCHEN, CELLAR USED FOR STORAGE AND FOOD PREP,  
OUTSIDE COURTYARD IN SEASON, MEN'S AND LADIES ROOMS 6 ENTRANCES AND  
EXITS. TO INCLUDE A 619.25 SQ FT ADDITION TO BE USED AS A DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800058

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAYHO, INC

DOING BUSINESS AS WAYHO RESTAURANT

ADDRESS 300 MAIN ST

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: CHU, SIUMAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, WITH KITCHEN, BAR AND LOUNGE, DINING ROOM, CELLAR  
USED FOR STORAGE, OFFICE AND PREP AREA, REST ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800059

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STIR CRAZY, INC

DOING BUSINESS AS STIR CRAZY RESTAURANT

ADDRESS 570 MacArthur Blvd

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: SAMMS, BOPHA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 DINING ROOMS, BAR KITCHEN, MEN'S AND LADIES REST ROOMS, BASEMENT FOR STORAGE, 2 ENTRANCES AND 4 EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800060

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IRON MAIDEN, INC.

DOING BUSINESS AS TROWBRIDGE TAVERN & ALE HOUSE

ADDRESS 100 TROWBRIDGE RD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: MC CARTHY,  
MARY ELLEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS; FIRST FLR; ROOF DECK, DINING ROOM, KITCHEN, THREE  
STORAGE AREAS. BASEMENT CONTAINING 3 FUNCTION ROOMS, RESTROOMS, 2  
OFFICES, COAT ROOM, THREE STORAGE ROOMS, TWO SERVICE BARS. SERVICE KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800062

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P&G PIZZA, INC.

DOING BUSINESS AS PIZZA BY EVAN

ADDRESS 00170E CLAY POND RD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: GAVRILIDIS,  
PERISTERA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNITS 10 AND 11 OF BOURNE A&P SHOPPING CENTER INCLUDING 3200 SQUARE  
FT. WITH 1 CENTER ENTRANCE & 1 EXIT DOOR IN THE REAR, 1 LARGE DINING ROOM, 1  
MEN'S & LADIES RMS. FOR A TOTAL OF 4 RMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800068

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE SUNSET ENTERPRISES INC.

DOING BUSINESS AS The Brookside club

ADDRESS 11 BRIGADOON ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02553

MANAGER: FALCONE, FRANK TYPE OF LICENSE: Restaurant  
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

2 FLOORS AND BASEMENT. KITCHEN, RESTAURANT AND GOLF PRO SHOP ON 1ST FLR  
EACH ROOM HAS 2 ENT/EXITS. 2ND FLR: BANQUET FACILITY, 2 ENT/EXITS. BASEMENT  
FOR STORAGE AND FOOD PREP. DECKS ON 1ST AND 2ND FLRS. OUTSIDE LAWN AREA  
ADJACENT TO COVERED PATIO OF RESTAURANT SURROUNDED BY A BARRIER.  
SERVING FO WINE & MALT ON GROUNDS OF GOLF COURSE VIA A MOBILE BEV CART  
AND STATIONARY KISOK. 5000 SF FENCED OUTDOOR AREA ADJACENT TO THE BLDG  
WILL BE USED FOR TENTED BANAQUET EVENTS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800071

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAYHO GRILL, INC.

DOING BUSINESS AS

ADDRESS 4 OLD BRIDGE RD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: CHU, BENNY P

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH 6 DINING ROOMS, MEN'S AND LADIES REST ROOMS. OFFICE,  
KITCHEN, AND SERVICE BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800072

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEN RESTAURANT, INC.

DOING BUSINESS AS GOLDEN PLACE

ADDRESS 4 BARLOW'S LANDING ROAD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02559

MANAGER: CHEN, MEN ZE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2600 SQ. FT. UNIT CONTAINING KITCHEN DINING ROOM WITH 40 SEATS, MEN'S AND LADIES REST ROOMS, ONE FRONT AND TWO REAR ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800074

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KKP INC.

DOING BUSINESS AS THE SAGAMORE INN

ADDRESS 1131 ROUTE 6A

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02561

MANAGER: BILODEAU,  
SUZANNE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

2 1/2 STORY BLDG, SIX ROOMS, BAR, TWO DINING ROOMS KITCHEN, ENCLOSED PORCH,  
WALK IN COOLER, THREE REST ROOMS, 5 ENTRANCES AND EXITS, CELLAR FOR  
STORAGE, 5 ROOMS ON SECOND FLOOR, 3 ROOMS ON THIRD FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800075

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOBSTER TRAP FISH MARKET, INC

DOING BUSINESS AS THE LOBSTER TRAP FISH MARKET AND RESTAURANT

ADDRESS 290 SHORE RD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: DELANCEY,  
DAVID P

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG. PICKUP WINDOW, SERVICE BAR, SALES AREA, COUNTER, REST  
ROOMS. WALK IN COOLER AND TWO FREEZERS, TWO STORAGE AREAS, LOADING DOCK,  
ENTRANCES AND EXITS \_\_\_\_\_ Outside picnic  
tables \_\_\_\_\_

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800076

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Batman Corporation

DOING BUSINESS AS Parrot Bar & Grille

ADDRESS 1356 Route 28a

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02534

MANAGER: CROCKER, BRIAN TYPE OF LICENSE: Restaurant  
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story bldg with kitchen, bar, dining room, 2 decks, storage area, cellar used for storage, restrooms.  
Entrances and exits on north, south and east sides of bldg

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800078

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BBHP, INC.

DOING BUSINESS A BUZZARDS BAY HOUSE OF PIZZA

ADDRESS 270 MAIN STREET

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: KALKANIS, OLGA TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR AND BASEMENT, 1 DINING AREA, KITCHEN, 2 LADIES ROOMS, 2 MEN'S ROOMS,  
BASEMENT, PREP ROOM, STORAGE, OFFICE & COOLERS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800080

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T J'S GRILL & BAR LLC

DOING BUSINESS AS

ADDRESS 4 BOURNE BRIDGE APPROACH

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: TUBBS, JUDITH A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH BAR, KITCHEN, OFFICE, MEN'S AND LADIES' REST ROOMS, STORAGE  
& WALKIN COOLERS IN BASEMENT..OUTSIDE DECK, ONE ENTRANCE, 3 EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800081

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COCHRANE VENTURES LLC

DOING BUSINESS AS BUZZARDS BAY TAVERN

ADDRESS 145 MAIN STREET

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: CARTER, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ FT RESTAURANT WITH 4 EXITS, FRONT ENTRANCE, 2 DINING ROOMS,  
HORSESHOE BAR, OFFICE, MEN'S & LADIES RESTROOMS, KITCHEN/PREP ROOM, DISH  
WASHING ROOM AND STORAGE...OUTSIDE DINING...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800082

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RYAN FAMILY AMUSEMENT INC.

DOING BUSINESS AS

ADDRESS 200 MAIN STREET

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: NICHOLS,  
ROBERT

TYPE OF LICENSE: General on  
premise

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BUILDING WITH A PARTIAL BASEMENT CONTAINING APPROX. 19833 SQ.FT. WITH  
BOWLING LANES, 2 BIRTHDAY PARTY ROOMS, 2 BATHROOMS, GAME ROOM, SERVICE  
BAR AND OFFICES...ONE FRONT ENTRANCE AND TWO RIGHT SIDE ENTRANCES/EXITS  
AND ONE LEFT SIDE ENTRANCE/EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800083

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CRANBERRY'S LLC

DOING BUSINESS AS CRANBERRY'S RESTAURANT & PUB THE BOG

ADDRESS 618 MAC ARTHUR BOULEVARD

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: BURGER,  
SEMANTHA V.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE BUILDING WITH 5 ROOMS ( 2 DINING AREAS AND BAR, KITCHEN/PREP AREA,  
UTILITY ROOM AND DISHWASHING ROOM) MEN'S AND LADIES REST ROOMS, 4  
ENT/EXITS, OUTSIDE COVERED PORCH & DECK, FENCED IN GRASS AREA SURROUNDING  
DECK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800085

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN DOWNES

DOING BUSINESS AS FLYNN'S

ADDRESS 119 CRANBERRY HIGHWAY

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: DOWNES, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REST. PUB CONTAINING TWO RESTROOMS, KITCHEN AREA, DINING/BAR AREA, FRONT, BACK, AND SIDE ENTRANCE AND EXIT, BASEMENT USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 011800087

CITY OR TOWN BOURNE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SANDY'S FAMOUS SEAFOOD RESTAURANT LLC

DOING BUSINESS AS SANDY'S FAMOUS SEAFOOD RESTAURANT

ADDRESS 7 BOURNE BRIDGE APPROACH

CITY/TOWN: BOURNE

STATE: MA

ZIP CODE: 02532

MANAGER: TUBBS, JUDITH  
ANN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH BAR, KITCHEN, OFFICE, MEN'S AND LADIES REST ROOMS, STORAGE  
AND WALK IN COOLERS IN REAR, 3 ENTRANCES, 5 EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: